

**MULTIPLE-DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 599043

FILING DATE

89-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3		/		/	/	
4		/		/	/	
5		/		/	/	
6				/	/	
7	/		/		/	
8		/		/	/	
9	/		/		/	
10		/		/	/	
11		2		/	/	/
12		2		/	/	/
13	/		/		/	
14		/		/	/	/
15	/		/		/	/
16	/		/		/	/
17	/		/		/	/
18	/		/		/	/
19	/		/		/	/
20	/		/		/	/
21		/		/	/	/
22		/		/	/	/
23		/		/	/	/
24	/		/		/	/
25		/		/	/	/
26	/		/		/	/
27		0		/	/	/
28		2		/	/	/
29		2		/	/	/
30	/		/		/	/
31		/	/		/	/
32	/		/		/	/
33	/		/		/	/
34	/		/		/	/
35	/		/		/	/
36	/		/		/	/
37	/		/		/	/
38		/		/	/	/
39		/		/	/	/
40		/		/	/	/
41	/		/		/	/
42		/		/	/	/
43	/		/		/	/
44		/		/	/	/
45		2		/	/	/
46		2		/	/	/
47	/		/		/	/
48		/		/	/	/
49	/	/	/		/	/
50	/		/		/	/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54		(1)		/		/
55				/		/
56				/		/
57				/		/
58				/		/
59				/		/
60				/		/
61				/		/
62				/		/
63				/		/
64				/		/
65				/		/
66				/		/
67				/		/
68				/		/
69				/		/
70				/		/
71				/		/
72				/		/
73				/		/
74				/		/
75				/		/
76				/		/
77				/		/
78				/		/
79				/		/
80				/		/
81				/		/
82				/		/
83				/		/
84				/		/
85				/		/
86				/		/
87				/		/
88				/		/
89				/		/
90				/		/
91				/		/
92				/		/
93				/		/
94				/		/
95				/		/
96				/		/
97				/		/
98				/		/
99				/		/
100				/		/
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						